

A Recreational Users Guide To Pregabalin



By: Cocolati

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Preamble

Why I Am Making This Book

I am writing this book, simply as a labour of love to a substance that has brought me much joy since I was first prescribed it roughly three years ago. Pregabalin as a recreational drug has slowly become increasingly popular, making its way onto online drug user forums such as Reddit and Bluelight. It is an up and coming star in the drug world and for very good reason, yet, information available on its non-medicinal use is lacking, with no one source providing an adequate resource for which one can use to become well informed. Out of an interest in harm reduction and in spite of the war on drugs as well as the stigma by which recreational users are kept silent, I have decided to take it upon myself to write about a drug that has become a personal favourite of mine. This document is meant to be purely informational and in no way should be taken as medical advice, nor as a recommendation to anyone to try pregabalin for themselves. I simply acknowledge that despite prohibition, people can and will continue to use these substances, and in doing so, they ought to be informed of how to use them safely. On the other hand I do not wish to give the reader the misconception that I actively wish to discourage you from trying pregabalin or any other drug, for that is not my place to do so. Every adult has the duty and responsibility to make their own decisions when it comes to deciding what they should put into their bodies, whether that be food, drinks, supplements, or mind altering drugs. That choice is not mine to make for anyone else except myself. This book is geared towards the like minded others who wish to utilize their freedom in the pursuit of experiencing a novel high in a responsible and safe manner. In other words, it is meant for responsible adults looking to better inform themselves on what can be an enjoyable drug if taken properly. It is not intended to supplant medical advice from a trained healthcare professional or encourage someone

to go off and abuse their prescription medication. But, for those of you who are using these things for pleasure, I hope this does well in better educating you and in promoting the safe use of this substance.

About The Author

As of writing this, I am a 23 year old male living in Canada and have been using pregabalin for roughly three years now. Shortly after acquiring a prescription for the drug and reading everything I could about it, I fell in love. Pregabalin really is a drug I consider near perfect (for myself) and despite having tried numerous other drugs including many psychedelics, dissociatives, stimulants, sedatives and opioids, it remains one of my favourites to this day, and is the one I use the most. It provides both recreational as well as immense medical utility for me in dealing with my anxiety and insomnia. For as much as I enjoy pregab and take it fairly regularly, I have never had any problem controlling my use and I consider myself to be a responsible user at this time. I've never been addicted to, nor dependent on any substance, nor have I had a problem keeping tolerance at bay. I believe that responsible drug use can be done with any substance from cannabis to heroin, and may even have a net positive impact on someone's life. Pregabalin is one of my drugs of choice and the one that I continue to revisit the most. While I have a lot of love for many other substances, it is pregabalin that really benefits me the most day to day. It is my hope that this drug can have the same benefit to others as it has for myself. Hopefully this book can act as a catalyst for making that possible.

Book Structure

The book draws on both the scientific and objective information about the drug as well as the subjective experience of myself and others. It is intended to give the full view of the drug so that one understands not just what the drug is or how it operates on the body, but how it feels and what the experience entails for a user. It also seeks to provide guidelines for the recreational enjoyer which otherwise wouldn't be discussed in a scientific paper or article. Being that much of this information presented is heavily subjective by nature, you may find that your experience, or the experience of others do not perfectly conform to what is written in the book. Everyone reacts to and experiences drugs differently and this book is meant to lay the groundwork for your own exploration if you choose to do so and not to act as a definitive final word on the drug or its use.

The book is divided into three primary sections/parts, starting with mainly objective information pertaining to pregabalin in Part 1, and finishing with the subjective effects section in Part 3, which is derived from the personal experiences of myself and others.

Special Thanks To...

- Emoticon
- TheRabbitMan
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- Etazhi

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- RockLobster
- Teras
- Prismavision
- The rest of the Lobster Labs crew (you know who you are <3)
- And the many others who have helped me over the years to increase my own knowledge and education surrounding drugs and pharmacology. Thank you all!

Part 1: Introduction To Pregabalin

History

Pregabalin, or pregab for short, is a medication that was invented by chemist Richard B. Silverman at Northwestern University, Illinois [\[1\]](#). The drug was first synthesized as one of many compounds by a visiting postdoc chemist named Ryszard Andruszkiewicz in 1988 [\[1\]](#). It was designed to be a successor and improvement on another similar substance, Gabapentin [\[2\]](#). Pregab was meant to avoid its predecessor's issues which included a lack of potency and poor bioavailability, which necessitated the dose be staggered multiple times a day [\[2\]](#). They had been looking for potential anticonvulsants and it was found that 3-isobutyl-GABA (pregabalin), was the most potent in preventing electroshock-induced seizures when trialed in mice [\[3\]](#). After over a hundred clinical trials were completed the drug would finally gain approval in the European Union in July of 2004 and the FDA would follow suit in December of the same year [\[3\]](#). Owing to the prevalence of euphoria felt by some participants in clinical trials, pregabalin was placed in Schedule V of the Controlled Substances Act (CSA) in 2005 [\[4\]](#). In 2021, an extended release formulation of the drug was approved by the FDA [\[5\]](#). Instant release pregabalin currently comes in capsules of 25, 50, 75, 100, 150, 200, 225, and 300mg [\[6\]](#).

Medicinal Uses

Today pregabalin is utilized in treating a variety of disorders and is approved by the FDA for the following [\[7\]](#):

- Treatment of neuropathic pain associated with diabetic peripheral neuropathy
- Treatment of neuropathic pain associated with spinal cord injury
- Neuropathic pain originating from postherpetic neuralgia
- Treatment of fibromyalgia
- Adjunctive therapy for partial-onset seizures in adults with epilepsy

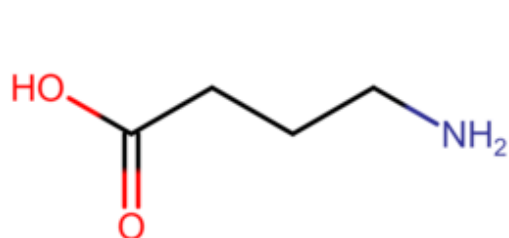
And off-label uses for [\[7\]](#):

- Generalized anxiety disorder
- Social anxiety disorder
- Bipolar disorder
- Insomnia
- Chronic pain conditions
- Chronic Pruritus
- Chronic cough
- Restless leg syndrome

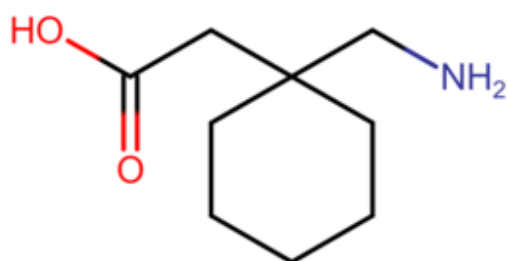
Chemistry

Pregabalin is an analogue of the main inhibitory neurotransmitter GABA (γ -amino-butyric acid) [\[8\]](#). It is a member of the gabapentinoid class of drugs which includes other 3-substituted analogues of GABA, including the popular substances gabapentin (3-cyclohexyl-GABA) and phenibut (β -Phenyl-GABA)[\[9\]](#)[\[10\]](#). 3-isobutyl-GABA exists in an isomeric form with pregabalin being the isolated

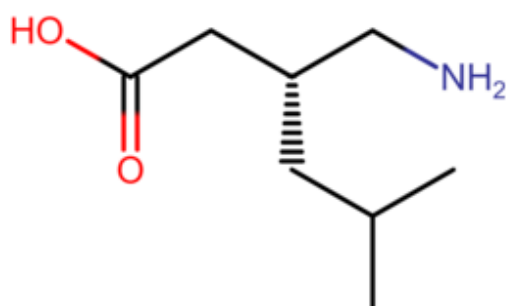
s-enantiomer as well as the more pharmacologically active form of the drug [11][12].



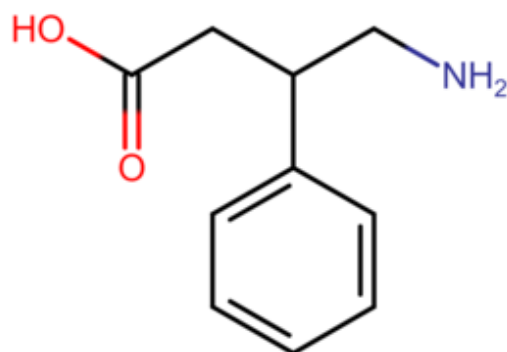
GABA



Gabapentin



Pregabalin



Phenibut

Source: <https://commons.wikimedia.org/wiki/File:Gabapentinoid-structures.png>

Pharmacodynamics

Despite its resemblance to GABA, pregabalin does not bind to either GABA_A, GABA_B or the benzodiazepine receptors [13]. Pregabalin also does not change the concentration of GABA in the brain nor is metabolized into GABA or any other GABA agonist [14][18]. Pregabalin binds with high affinity to $\alpha_2\delta$ (alpha 2 delta) subunits 1 and

2 of the voltage gated calcium channels (VGCC) [14]. It works by blocking calcium flow through those channels containing the $\alpha_2\delta$ -1 subunit and results in a decrease in the release of the excitatory neurotransmitters glutamate, calcitonin gene-related peptide, and substance P [15][16]. This is believed to be the mechanism by which it exerts its anticonvulsant, analgesic and anxiolytic effects [16]. Pregabalin also has no impact on dopamine and serotonin release or reuptake, as well as no binding affinity for the opioid receptors [17]. No conclusive evidence currently exists showing pregabalin's effects can be attributed to anything other than its effect on VGCC showing its divergence from the traditional recreational drug classes.

Pharmacokinetics

Absorption of pregabalin occurs in the small intestine and is mediated by a low-capacity amino acid transporter (LAT) [16]. It also seems to be transported via a separate mechanism allowing for additional absorption in the colon [16]. Unlike its predecessor gabapentin, it has an oral bioavailability that is independent of both dose and frequency as well as being very high at over 90% [14][16]. Pregabalin undergoes little metabolism with only 2% of the drug being metabolized and the rest being excreted unchanged via the kidneys [16][18]. Pregabalin does not induce or inhibit any liver enzymes such as the Cytochrome P450 system (CYPs), leading to little concern for pharmacokinetic interactions with other pharmaceutical medications [18]. Pregabalin has a mean half life of 6.3 hours and is mostly eliminated in 32-35 hours however is still detectable in urine for up to 6 days [7][18][19]. Pregabalin hits maximal plasma concentrations after around 1-1.5 hours when in a fasted state, however it is affected by food owing to a delay in peak concentrations but not the total uptake of the drug [7][14][18]. While stomach contents do not cause any concern for clinical use, recreational pregabalin usage is affected and will be further covered in a later section.

Toxicity

While it is commonly thought that pregabalin toxicity is negligible, case reports of mild to severe toxicity do exist, particularly for vulnerable populations such as the elderly or in people with preexisting disorders. Cases of pregabalin poisoning are generally able to be treated with supportive care alone [\[20\]](#). There are differences in severity with acute pregabalin toxicity between people however. One study found that the majority of cases (83%) resulted in mild poisoning and that severity was dose dependent [\[21\]](#). The most common symptoms were found to be drowsiness, confusion and apathy [\[21\]](#). In the more severe cases of acute poisoning occurring at high doses, symptoms included seizures and even comas [\[21\]](#).

While preclinical trials did not find an association with liver toxicity, with its now widespread use, cases have been reported linking pregabalin to rare instances of toxicity . Once again most cases were mild however some cases of severe toxicity do exist . All cases however would be resolved once the medication was stopped with little residual damage [\[22\]](#).

There is concern with kidney toxicity in those with renal impairments such as individuals with chronic kidney disease. Case reports exist of pregabalin induced neurotoxicity in hemodialysis patients and doses should be lowered in those with renal impairments if used at all [\[23\]](#).

Legality

As of writing this, pregabalin is currently a controlled substance in most nations and is available by prescription only.

Canada: Prescription Only [\[28\]](#)

United States: Schedule V [\[4\]](#)

Germany: Prescription Only (Anlage 1 AMVV) [\[27\]](#)

Norway: Class B [\[26\]](#)

United Kingdom: Class C [\[24\]](#)

Turkey: Prescription Only (Green) [\[25\]](#)

Please read your local laws and regulations to better understand any legal risks associated with the possession and use of pregabalin.

Part 2: Recreational Use

Dose

Before discussing dosages it should be understood that no one can be 100% sure how you will react to this or any substance. There is lots of variation between individuals and the best thing I can recommend for someone experimenting with pregabalin to do is to start low and go slow. Pregabalin can also vary between highs with it sometimes affecting you differently than it did previously even with the same dosage used.

For someone who has never taken pregabalin before, I recommend slowly building up to a dose that works for you. A beginner ideally should start with around 75mg of pregabalin and with consecutive trials increase the dose by 75mg each time. There are some folks who are particularly sensitive to pregabalin and even that initial 75mg can be more than enough to get them to where they want to be with the drug. Taking more than that can bring discomfort and over sedation and thus it is important to see for yourself how you react before jumping into higher doses.

Now I recognize that some people are not interested in slowly titrating their dosage over time and would rather ball park an average dose and be set, either due to impatience or perhaps having a small supply and not wishing to waste what they have on low doses, which is fair enough although I do not recommend it for safety sake. For these people however I recommend starting at around 225mg and for the average

neurotypical person this should be good. It tends to be a happy middle ground where you can get a proper feel for the drug and all its effects and be comfortably impaired too. This is however, what I consider an average dose for an average person and you will not know how the drug affects you until you have tried it. For this reason, it is much more preferable to start lower and work your way up to this dose to be safe.

Another very important note for dosing is that I highly recommend not pushing your dose past 600mg which is the maximum daily prescribable dose. While decently rare, pregabalin overdose can lead to seizures despite its use as an anticonvulsant. Without a tolerance to the drug, one can be very impaired on much less. My doses currently are 150mg for a highly functional experience and 225-300mg to be decently impaired and have a more recreational experience. Even when I did have a small tolerance the highest I ever took was 525mg which is much more than necessary and in my opinion not very enjoyable.

In my opinion, Pregabalin really shines best in regular doses as a sort of background experience, an additive to something else like a social gathering or in addition to another drug experience (please see *drug interactions/combinations* for more info). While I do enjoy pregabalin when not doing much else, taking very high doses doesn't really seem worth it to me. You can experience the full range of effects without going overboard and to me the experience is much better (and safer) this way.

Lastly it should be noted that (as of writing this) harm reduction sites such as psychonautwiki.org and tripsit.me list the common dosage range as being between 225-600mg. I firmly disagree with this dose range as it is far too broad and high for the vast majority of people. Most people that I spoke with wouldn't even consider 600mg (or even less) to be anything short of a very heavy dose let alone common. If I had to

suggest a range for common doses it would be between 150-300mg without tolerance but once again I advise starting low and working up instead of ballparking it.

Duration

Pregabalin is a very long acting drug. This is part of the reason for why I consider it a much better background sort of high than one to get annihilated off of. With a standard duration of about 9-17 hours [\[29\]](#), overdoing this one will have you out of it for quite some time. After effects can go on for an additional 4-10 hours as well [\[29\]](#)! The long duration however is one of the best features of pregabalin. Once you find a dosage range that works for you, you don't have to concern yourself with redosing or micromanaging the high since you'll be covered for the entire day.

The onset and come up of the high is highly dependent on stomach contents. When taken orally and on an empty stomach, one can begin to notice the effects in roughly 30 minutes to an hour and be peaking in about 2 hours after ingestion. If you take pregabalin after eating, you may not feel it for 2-4 hours instead. I also find that overall intensity will be lessened when taken after a meal.

The peak of the high lasts a good 4-6 hours and slowly trickles down after that.

Redosing

While redosing pregabalin is indeed possible and sometimes a reasonable choice, I don't recommend it in most cases due to the nature of the drug. Redosing tends not to be as fruitful or "magical" as the initial dose and will more so just extend the high and add extra sedation and impairment. With pregabalin's very long onset and duration, the benefit to redosing just isn't there when compared to taking a higher initial dose. That

being said, the best case to be made for doing so is in cases where initially you need to be very functional (such as going to class or doing work in the morning) but later want a bit more impairment (a party in the evening). Usually an extra 75mg is all that is needed to achieve this goal so I don't recommend doubling your dose to keep the fun going as that can easily be too much for some people.

Route of Administration

With oral use of pregabalin having such a high bioavailability, this tends to be the preferred route of administration (RoA) for the drug [30]. While reports do exist of alternative RoA's being used (Intranasal, Rectal, Inhalation and Intravenous use) there seems to be little to no benefit in doing so and it may increase the danger of using the drug. While I suggest a user stick to oral use, if you are going to try alternative RoAs then please use appropriate harm reduction measures such as using clean surfaces and/or equipment as well as starting with a lower than normal dose to establish how it affects you.

Making The Most of Your Pregab

While those of us lucky enough to have a prescription of our own need not worry about maximizing our pill popping efficacy, for the rest who get their pregab through friends or the black market you'll probably want to make the most of what you've got. The most important factor in maximizing your pregab high is taking it at the right time and making sure you have an empty stomach. For myself, I take my pregabalin between 10-11am before I have eaten anything and then wait an additional 1-2 hours before I eat breakfast (I tend to eat late breakfasts anyways). 1 hour will suffice but 2 hours is ideal in my experience. If you're hungry however then just eat something after an hour. It's not that big of a difference and you probably shouldn't forgo nutrition just to

maximize your high. By the time I go to bed around midnight, the pregabalin is still kicking around and provides me enough sedation to relax and get a good sleep without leaving me sedated or drowsy in the morning.

Frequency of Use Guidelines

There are two different methods for how to space your pregabalin use out.

The first and recommended method is what I call a normal dosing regimen. Pregabalin use is spaced out every 1-2 weeks and is used just as an occasional thing to relax with and enjoy or to take the edge off a busy week. Using even less than 1-2 weeks such as only for social events or whatnot is great too! This way you are not making pregabalin use a regular thing and are managing your use well so as not to go overboard or become dependent on it for regular functioning. If you are a casual/recreational user, this guideline is best in my opinion.

The second method is what I call the maximalist dosing regimen and is the way I have been using pregabalin for over 3 years. I DO NOT recommend most people use pregabalin this way but for some people it may be preferable and worth doing. I only recommend this to people who benefit greatly from the drug and have a solid medicinal reason to use it regularly but also are not wanting to take it everyday and thus want to maximize its benefit without risk of heavy tolerance or dependence risk. The maximalist regimen follows a 3 day rule rather than a 1-2 week rule. 1 day on and 2 days off. Due to pregabalin's short half life, the drug is fully excreted by the third day which is how I determined the rule in the first place. If one is able to follow this 3 day rule then tolerance buildup will be very slow or nonexistent and the risk of dependence and withdrawals will be negated. Any more frequent however and these things become a problem, hence being maximalist in nature. For the casual enjoyer of pregabalin, this

frequency of use is too much and especially for the abuser, 3 days can easily turn into 2 days which turns into 1 day and a full blown pregabalin addiction may be had. For safe use sake I highly recommend a normal dosing regimen as described above. As previously stated I personally have used this method for myself albeit with some weeks using less often and in emergencies more often (albeit very infrequently). It works for me and offers the best bang for my buck in terms of being able to use most regularly without major risks of compromising its benefit.

A friend I spoke to reported using a rough 2 day schedule instead of the maximalist 3 day rule for an extended period of time, and, as a result, noticed side effects that included anxiety, hallucinations, diarrhea, nerve pain, and more. This supports the notion that the maximalist regimen is just that, the maximum frequency of use that can be had without significant side effects/withdrawals after discontinuing use.

His full report appears below:

Dosage frequency was consistently every three days, then for a week and a half or so that shrunk to every 50-60 hours. Usually around 300-450mg. I dosed 360mg one day and the next morning I had a few panic attacks. I normally have anxiety attacks with traceable reasons but this felt scary like I could possibly lose my mind forever or something. After I noticed these symptoms one morning I waited 50 or so hours, and when the anxiety got too unmanageable I decided to take 180mg to curb some symptoms and hopefully perform something of a taper.

Symptoms Chills + Anxiety (the two were almost linked so i'd get colder the more anxious i got or vice versa) Interesting part of this is warming up did nothing. I'd sit

in front of a heater and even after 30 mins it did basically nothing. Hand warmers did jack shit as well. Seemed as though the issue was far more neurological or nervous system related than temperature. Subjectively it felt like I was hallucinating the symptoms, almost in a similar fashion to a mushroom or acid trip, where trying to do anything physical was useless. Meditation helped to reduce the severity of some symptoms and calm me down. I had diarrhea constantly for a week, dyspepsia as well. I'd wake up drenched in my sweat freezing cold 1-3 times a night. Hands pruny Brain fog was there as well. I lost about 8-12 pounds over the course of a week. My appetite didn't feel hugely affected after the third day off pregabalin but I lost quite a bit of muscle I'd worked hard to gain lmao I had some nerve pain in my fingertips, pin stabby feeling on nail beds, but wasn't excruciating or anything. Just irritating.

Needless to say, I'm done my experiments with this drug LMAO, not something I can use responsibly.

While this case is certainly quite severe, it should be noted that reports of withdrawal severity are mixed, with some people in contrast having minimal negative effects upon cessation of use.

Tolerance

When used on a daily basis, pregabalin tolerance builds very quickly within a few days. That being said, as fast as pregabalin tolerance builds it also dissipates. When using frequently as per the maximalist dosing regimen described above, tolerance is very slow to build. I found that following a 3 week break, any tolerance was fully reset and once again has been slow to accumulate. In my 3 years using the drug I have only needed to take a tolerance break once, though my use fluctuates throughout the year.

Reverse Tolerance?

This section is mostly speculative and I have no evidence outside of personal experience to back up any claims. In my experience there may be some sort of reverse tolerance with semi-frequent pregabalin usage but it's hard to be sure. What I do know is that when I first acquired my script I built up slowly to a dose of 300mg-375mg for my regular dose and used it as such for many months. Upon gaining some tolerance I took a 3 week break from the drug only to find it much stronger than I left it. Today my dose ranges from 150mg-225mg instead with 300+ being a strongly impairing amount and not one I often take. A couple other people I spoke to also noted that with irregular use, they feel that their doses feel stronger over time. Perhaps there is reverse tolerance although I am not 100% certain, however, I felt I ought to include this section anyways just to make my theory known.

Drug Interactions/Combinations

SSRIs:

There are no known interactions with SSRI's and should be safe to take together [\[36\]](#).

Depressants:

It should be discouraged to mix pregabalin with other respiratory depressants such as alcohol, benzodiazepines, opioids and dissociatives. Mixing these can lead to potentiation of the effects of one another as well as increasing respiratory depression which can be fatal. If you are going to do so anyways then please use a lower dose of both drugs than one would use normally.

Psychedelics:

Reports of mixing pregabalin with classical psychedelics seem to be positive, indicating a reduction in anxiety and paranoia. Some reports also say pregabalin may dull the trip so a low dose may be preferable.

Empathogens:

Reports indicate pregabalin can counter the stimulant side effects of mdma while not overpowering the roll. Once again, while not particularly dangerous, it is advised to dose low.

Stimulants:

Pregabalin can be a powerful ally to any stimulant high. Similar to a speedball the two drugs seem to balance each other out, reducing the negatives of each and enhancing the positives. Pregabalin's depressant effects mellow out the jitteriness of the stimulant while the stimulant promotes wakefulness from the pregab. The empathic quality of the pregabalin pairs very well with the pushy talkativeness of an amphetamine. The pregabalin can also soften the comedown from the stim. It's not a surprise that this combination is well liked.

I will warn that the disinhibition from the pregab and the manic quality of a stim can make its user act inappropriately and caution should be taken in regulating one's behavior when using this combo. Additionally, the cancellation of each other's effects should be noted so that one does not mistakenly take too high of a dose of one or both substances.

Cannabis:

Pregabalin may reduce anxiety and paranoia while increasing the sedative and relaxing effects of cannabis.

Responsible Casual Use

It is important that we establish what responsible and safe casual use of pregabalin entails so that we can encourage users to use in a way that is ultimately a positive addition to their lives, not one that is detrimental. A responsible user is one that is committed to their responsibilities in life whether that's family, friends, work, other hobbies and interests, etc. They prioritize meeting their responsibilities over using and know that there is a time and place for using drugs as well as a time and place for sobriety. The responsible user tests every batch they receive from the black market either through testing kits you can use at home or preferably by sending a sample of the drug to a professional lab/non-profit to be properly evaluated (if such drug checking services are available to them). The responsible user takes care in knowing the dosage they consume and understanding how it may affect them, slowly working their way up to find a dose suitable for them. Lastly, the responsible user has a good understanding of the drugs they consume in general (since you're reading this guide you've probably got that part down!).

While not always necessary, I will add that I like to keep a close eye on my usage and log all my drug use in my phone using a dose tracking app that allows me to easily see how much I've used in a given week or month. Another thing I do is set strict rules regarding most substances so that there is a hard limit to guide me. It may not work for everyone but I find I like having much structure surrounding how I use drugs as it gives me something to reference and keep myself in line.

Addiction

Addiction is such a large topic and not one I feel totally qualified to fully tackle in this guide. It's a very complex matter that one can go on endlessly about and in which there is much disagreement on so I will try to keep this concise and simply offer my view. Pregabalin, much like any other recreational drug, has the potential to be addictive [\[31\]](#). Addiction (in this guide) is separate from physical dependence (withdrawals) which is covered in the next section.

Addictiveness of a given drug can be hard to quantify as addiction is highly individualistic, with everyone's experience being different. I avoid looking at addiction through the lens of what I call pharmacological determinism, that being the idea that a drug's pharmacological properties are primarily what influences addiction (through influencing dopamine for example). The view that I hold and believe to be the most holistic and best evidenced is that of the BioPsychoSocial model [\[33\]](#). This model looks at how a person's biological, psychological and socio-environmental conditions lead them to using a drug to escape, treat, or fill the gap in these areas. As Dr. Gabor Maté says “Don’t ask why the addiction, ask why the pain” [\[34\]](#).

An example of a biological factor could be chronic pain. A psychological factor could be someone having an anxiety disorder. A socio-environmental factor could be someone living with abusive parents.

People choose to use drugs for a great many reasons and in the same vein people may become addicted to drugs for a great many reasons. In understanding addiction as a product of the individual, we can understand that it is not the using of a drug that solely causes the addiction, rather addiction is a byproduct of the other factors in one's life. The most addictive drugs will likely be the ones you personally enjoy the most and

find the most benefit in taking. For myself, while I have thankfully never had a substance use disorder, I know what drugs I am drawn to (unsurprisingly pregabalin being top of the list) and am mindful about how I take these drugs. Some limited research does indicate that the majority of drug users (regardless of which drug they use) are NOT problematic drug users [\[35\]](#).

Pregabalin is certainly a drug that if one wishes they can use to try and escape and fill a void. Pregabalin addiction is surely becoming increasingly prevalent as more and more people begin to use it and this is cause for concern. If you have a history of substance use disorder then extreme caution must be taken if you choose to use pregabalin. Being a fairly new drug on the scene, I have noticed that people do not have as many reservations in taking pregabalin as they do other pharmaceuticals, like opioids and benzodiazepines, despite many similarities to these drugs.

Dependence

According to the American Addiction Centers, pregabalin withdrawal symptoms can be present within 24 hours and lasts for 1-2 days since last dosing. Residual symptoms however, can last several weeks [\[32\]](#).

Withdrawal symptoms can include:

- Headaches
- Mood changes
- Agitation
- Depression
- Anxiety
- Confusion
- Suicidal thoughts

- Nausea
- Sweating
- Diarrhea
- Increased heart rate
- Cravings for the medication
- Insomnia
- Seizures

Seeing that this is a harm reduction guide and not a medical document, I advise dependent users to seek professional medical advice for a proper detox and titration off of this medication. Please read the *Frequency of Use Guidelines* section of this guide for methods of using pregabalin recreationally without risking dependency formation.

Addiction Report:

This report was sent in by a friend who wished to remain anonymous as it discusses their struggle with pregabalin addiction and dependence. Special thanks to them for allowing me to use this report in my project and for openly sharing this experience with me.

Addiction Report:

Age at time of use: 30

Age at time of dependency: 30

Gender: Male

Health issues: None known at the time.

Mental health issues: Schizoid Personality Disorder, Addiction, ADHD.

Prior abuse of gabapentinoids: No.

Prior abuse of gabaergic drugs: Yes, for many years, primarily benzodiazepines, have gone through numerous withdrawals with them.

Dose used at height of abuse: 750-1000mg

Time over which use was daily: Two months, starting with 300mg once daily and escalating to my maximum dose within two weeks.

Drugs used comorbidly: Usually none. Occasionally used with psychedelics, but only due to coincidence of timing.

How long until you felt you had a dependency: After deciding to discontinue use abruptly after one month, the withdrawal was present within 48 hours in its fullness. I tapered rather quickly over another month with very little benefit when I again reached 0mg.

Withdrawal symptoms: Feverish, full body tremors, vomiting, gastric upset (almost identical to IBS), nerve pain, mild seizures, unable to eat solid food within the first 5 days, difficult to hold down liquid, flushed skin, sweating, temperature regulation issues, insomnia, anxiety, paranoid delusions, dizziness, difficulty walking, impairment of fine motor skills, blurry vision.

Duration of withdrawal: the acute symptoms did not show improvement for 8 days.

Another 10 days afterwards vital functions became manageable. A month later, I still suffer from nerve pain and irritability to bright lights.

Doctor's recommendations: My addiction clinic could not act on a pregabalin withdrawal, but advised my GP to begin me on baclofen and to reduce its dosage biweekly. My GP did not comply.

Most recent blood work: Normal levels based on what was requested in the requisition.

Additional notes: The acute stage was more unbearable than my worst benzo withdrawal, I almost wound up in the ER twice. The seizures were generally once daily for 8 days. While I was conscious and as cognizant as one could hope for, the flailing of arms and legs, loss of control in fine muscle tissue, especially the face, classified these seizures as grand-mal. This is in spite of the misconception that a clinical requirement of the definition requires a person

to become fully unconscious and experience the rapid contractions throughout their entire body. I found no relief from symptoms besides an easing of anxiety, and a less intense seizure in length and severity of presentation through a one time use of 2mg of flualprazolam (equal to roughly 4-8mg of alprazolam, the equivalency data has not been agreed upon). This was used on day 6 and by day 7 had temporarily enhanced negative symptoms via rebound.

The time it took to become dependent, even at the doses stated, are not consistent with that of my peers and other anecdotal reports that are similar to mine in regards to the depth of abuse, especially the severity of the withdrawal. It is worth noting there are very small online communities for people withdrawing from pregabalin with relatively similar severity. Their patterns of use are usually all very different: small prescribed daily doses for years, two time use of 1000+mg, a trial of the medication at 50mg for a week. Many ex-sedative users often bring into conversation on numerous drug boards pregabalin's lack of a dependency risk, and that it is mostly a rebound of symptoms that occurs. So there is a great disparity between the two types of reactions one can have, and sadly nobody can find the factor that one group shares, that the other does not.

Additional Risks of Impairment

While pregabalin can be functional at regular doses, at higher doses one should not operate a vehicle or any heavy machinery as the effects can become considerably impairing. Pregabalin can also be fairly disinhibiting in higher doses so caution should be taken in monitoring how one behaves so as not to embarrass yourself or make regrettable mistakes.

Part 3: Subjective Effects

Introduction

Pregabalin is one of the most unique substances I have ever tried in the sense that it has a little something for everyone and an element of every class of drug. I consider it to be a pharmacological swiss army knife if there ever was one and it's no surprise to me that it has been increasing in popularity.

Not For Everyone

It should be noted that there is a subset of people for whom pregabalin does not do much good and it is not a worthwhile or exciting drug for them to take. As with any drug there is a tremendous amount of variation between people in how they experience it and obviously everyone has their preference as to what kind of experience they like in a substance. That being said, I have found with pregabalin, more so than many other drugs, most people I've talked to seem to enjoy and get a fairly uniform experience and feel for what it does, so hopefully my descriptions apply to most readers.

List Of Effects

Note: This is not an exclusive list of all the possible effects one may experience from pregabalin

Positive:

Anxiety Relief

Increased Sociability

Pain Relief

Muscle Relaxation

Euphoria

Increased Motivation

Tactile Enhancement

Increased Empathy

Increased Music Appreciation

Neutral:

Sedation

Disinhibition

Tiredness

Visual Distortions

Hypnagogic Hallucinations

Appetite Enhancement

Increased Libido

Negative:

Headache

Grogginess

Tingling/Loss of Sensation in Extremities

Respiratory Depression

Muscle Twitching

Coma/Seizure (EXTREME CASES)

Empathic Drunkenness

While pregabalin is a complex drug in sensation, to simplify what it feels like it often gets likened to a mix between Alcohol and MDMA as a sort of empathic

drunkenness. Not many other drugs can compare as most empathic substances tend to be psychostimulants as with MDMA, MDA, 6-APB, 4-MMC, 2C-B, etc. Only GHB is really strongly comparable to pregabalin and I will go further into this comparison in a later section. Pregabalin relaxes you and gives you a sedative style buzz while also increasing sociability and connectedness in the style of an empathogen. This can make it a great tool for those looking to connect with others via pharmacological means without the high energy buzzing and subsequent crash of stimulants or the hangover of alcohol.

Comparison to Other Gabapentinoids

Gabapentin:

Doses tried: 1500mg over the course of the day

Gabapentin is the original gabapentinoid (hence the name). Much to my surprise it was very similar to pregabalin with the caveat of having a glaring absorption problem. With gabapentin, oral bioavailability is poor and one can only absorb around 300mg at once without diminished returns. In effect this necessitates slowly building up to your dose over the course of a few hours 300mg at a time. I took 300mg every 30-45 minutes until I built it up to the full 1500mg.

Phenibut:

Doses tried: 800-1600mg (There is a tremendous amount of variability in dose sensitivity with phenibut, start low and go slow)

Phenibut I found to be quite enjoyable in its own right, however, to me felt like pregabalin-lite. It retains the pro-social effect of pregabalin while dropping most of the physicality I've come to love from pregabalin. I know there is much love for phenibut online (perhaps due to its widespread availability compared to pregabalin) but for

myself it didn't fully scratch the itch pregabalin does. If you prefer something less sedating and even more functional than pregab, this might be for you.

F-Phenibut:

Doses tried: 300-480mg

I only had enough to try this once and found it to be a pretty basic sedative/relaxant more similar to a benzo or muscle relaxant like carisoprodol than the other gabapentinoids. I took 300mg then another 180mg which ended up being a strong dose. Fell asleep for 12 hours. Good sedative-hypnotic. Not much else to say.

Comparison to Other Drugs

As a pharmacological swiss army knife, pregabalin has elements of all classes of drug. Some more than others but I consider pregabalin to be a sort of every man's drug regardless of what your drug of choice is. I have found pregabalin to be beloved by every class of drug user, not just sedative lovers such as myself.

Psychedelics:

Pregabalin has both open and closed eye visuals and while they are not as dramatic as one would experience on a true psychedelic, they are certainly notable and add to the experience. The open eyed visuals typically look like a filter or layer overtop of textures that is subtle but has movement to it that can catch your eye. When looking at grainy textures such as carpeting I can notice an increase in pattern recognition enhancement very reminiscent of my trips. The closed eye visuals however are more reminiscent of opioid hypnagogia rather than the colourful patterning of acid. I have had one very unique experience when camping and on a normal dose of pregabalin. I laid in my tent and completely succumbed to a nod filled with DMT-like geometry that took me by

surprise. This level of depth is not to be expected but I think it's worth a mention considering its uniqueness.

Dissociatives:

Pregabalin has a very spacey feel that any lover of dissociatives will find appealing. It's hard to explain for me but the general sensation around you and the way your body feels just fits right at home with me as a lover of arylcyclohexylamines.

Benzodiazepines:

Pregabalin and benzos to me have much the same value as someone with anxiety and insomnia issues. That being said, they have their differences. In anxiety treatment benzos can be a bit of a sledgehammer completely destroying any anxiety by blunting it out and clearing the mind of excessive thought. That and their quick onset makes them good for emergencies such as anxiety or panic attacks, as well as insomnia. Pregabalin on the other hand is a much lighter and delicate approach. Pregabalin fuzzes out anxiety while not completely blocking it out allowing one to proactively deal with the problems a bit more rationally. It also seems to be a better tool for social anxiety due to its empathogenic effect and sociability and is my go-to for social gatherings or parties as it allows greater function than benzos in my experience. As for use in sleep, I know that even if I take my dose of pregab early in the morning, I'm going to have a great sleep that night even at regular doses. Benzos are better in a pinch due to their quick onset and typically shorter duration as no one wants to be waiting 4 hours for their hypnotic to hit and then be feeling it well past waking up. That being said, taking my pregabalin regularly has done a lot to curb my insomnia and it's nice knowing I won't have to worry about that later in the day. I also do not find that benzodiazepines have any sort of recreational value for me and I use them exclusively for medical reasons. Pregabalin on the other hand is enjoyable on its own without medical necessity.

Alcohol:

Alcohol and pregabalin have similar use cases and properties that make them go hand in hand. Both, while being sedatives tend to not be overly sedating and hypnotic allowing users to function and interact at regular doses making them suitable for social arrangements. Both create disinhibition but in my experience pregabalin much less so than alcohol making it less prone to embarrassing yourself in front of others.

Pregabalin is a much cleaner feeling drug and to me is a much better alternative to drinking both for yourself and your body's sake.

Opioids:

Pregabalin being a treatment for nerve pain may make it desirable for those suffering from certain forms of chronic pain. Where I think pregabalin really compares to opioids is in its potential for vivid hypnagogic hallucinations, A.K.A the nod. Pregabalin is the only non-opioid drug I am aware of that has this potential and the resemblance is uncanny. There's not much to say other than you can get an opioid-like nod from this drug that can be as vivid and mesmerizing as the real deal. I find it's not nearly as forced as nodding on an opioid and you won't tend to be forced into shutting your eyes to enter the dreamscape. It also isn't always consistent and tends to just happen at the right time, typically if I'm relaxed and laying in bed and ease into it it'll happen. You also do not need to take an exceptional dose to nod. I get nods on my functional dose of 150mg sometimes if the conditions are right. It's just one of those things that if it happens, it happens, and it's not something to chase.

GHB:

Probably the drug most similar to pregabalin is GHB. If you're a fan of GHB I'd reckon you'll be a fan of pregabalin. They both are empathic sedatives that hit many of the same notes. That being said they have vastly different purposes. GHB is like a

condensed and raised version of pregabalin in the sense that it is much shorter and much stronger/more impairing. Pregabalin is the drug you choose to brighten up your day as you run errands, do chores, go to a social or restaurant, or just take the edge off. Something to not take away or make the experience but rather add to it. GHB is the drug you take because you want to have a fun and impaired time. Much more recreational and better for just having fun (just don't go overboard and be safe).

Cannabis:

Both pregabalin and cannabis provide a stoning sensation, albeit in much different ways.

Empathogens:

Both traditional empathogens and pregabalin are very pro-social, and, in a sense I consider pregabalin to be empathogenic itself. Pregabalin, much like MDMA can promote empathy and connection seeking, and help facilitate communication with another person.

Stimulants:

This will probably be the biggest reach when it comes to comparisons but where I see a sense of stimulants in pregabalin is in motivation. Pregabalin makes me want to get shit done. Go do the things I put on my to do list and normally neglect. It makes me want to go out of my comfort zone and clean the house, run errands, tend to my plants, deposit a cheque, go shopping, etc. It helps me to be productive, much in the way a stimulant might. Perhaps this is due to the relief it gives me from my daily anxiety more than anything. The only thing is, with cognitive tasks I find it isn't always ideal (like say writing a university paper). Sometimes with lower doses it can help me get cognitive work done and the writing of this guide certainly has been advanced through

the use of pregab, but sometimes I'd rather be sober so I can really focus. But for physical tasks (going to the mall or mowing the lawn) that don't require unadulterated concentration, pregabalin is my go-to.

Stages of a Pregab High

In my experience, Pregabalin's high proceeds in the following two distinct phases:

The Empathogen Phase

The first half of the high (after the come-up) is where most of the magic happens. As the name implies it is where you are at your most sociable, outgoing and wakeful. The user remains mostly functional and is able to enjoy the plethora of effects while out and about however they please. It is the phase where there is the most euphoria and enjoyment and it encapsulates what the drug is all about. The user may feel a push to socialize and connect with others as well as engage in the day's activities such as running errands, meeting with coworkers, or other productive tasks.

The Sedation Phase

The second half of the high is much more mellowed out and dull. At this point the stimulating and euphoric feelings have faded away and a more standard sedative like high follows. The user may find themselves tired and wanting to lay down or sleep. More prevalent sedation now occurs with the drive to be productive lessened. Falling asleep at this stage is easy but not totally forced.

Timing your dose and planning your day in a way that maximizes the benefit of these two stages is important in getting the most out of the experience. For myself I find dosing between 10-11am typically makes for a perfect balance where I am able to enjoy the outgoing and productive effects of the drug in the morning and afternoon whilst

also enjoying its relaxing and hypnotic properties in the evening from the comfort of my bedroom.

Bonus Experience Report

Submitted by a friend who wished to remain anonymous:

Walking the Tightrope: LSD and Pregabalin

Doses taken:

1-5mg doses of DMT, vaporized via cartridge at various points throughout the day, to temper pre-flight anxiety (Before T-1:00 and after T+5:00);

300 milligrams Pregabalin dosed via capsule at T+0:00;

120-160µg LSD dosed via paper blotter (1.5 tabs) at T+2:00;

THC distillate, vaporized via cartridge, T+5:00 onward;

Rationale

On the evening of October 30, 2021 I decided to try the combination of Pregabalin and LSD. I was very experienced with LSD already at this point, I had taken Pregabalin a few times as well. I noticed Pregabalin's remarkable anxiolytic qualities and pro-social effects, in conjunction with what I can only call a pseudo-psychedelic effect. The potential opportunities for synergistic exploration here were endless.

After much deliberation, and consideration of the setting under which I was conducting this exploration, I decided pre-dosing Pregabalin, waiting for onset of effects, and then dosing LSD could provide for a potent subjective experience, with reduced anxiety and discomfort. I find my sensitivity to Pregabalin to be lower than average, based on compared effects with numerous peers and the online community at large. My usual doses range from 150-350mg.

With the occasional foray into 450mg territory. This gives me heavy sedation, some light euphoria and pro social effects.

Commentary

On this evening, 300mg had a very potent and stimulating effect on the onset. I found myself to be distinctly intoxicated, heavily stimulated (as opposed to the usual heavy sedation), and very chatty.

I dosed LSD once I felt an unmistakable onset of Pregabalin's effects, and felt quite satisfied with my decision to put the paper under my tongue. I listened to music, meditated, and performed some basic Kundalini yoga techniques to prepare my body and calm my mind. Halfway through the yoga practice I felt a very strong and visual onset of the LSD. I noticed a wavy blue aura overtaking my room, and my vision becoming more symmetrical as I looked forward and completed specific movements/postures.

As the trip began to reach closer to its peak intensity I felt remarkably grounded, but as though I was delicately balancing between the world of sanity and insanity - Walking a tightrope as it were. It became prudent to stay mindful of this balance, and never let myself drift too deeply into thought. There was never any fear here though. LSD always makes me feel quite fearful and uncertain as the effects creep on, but here I felt more clear headed, and as a result more aware/informed of the psychological processes unfolding.

The next segment of the trip gets difficult to recall in detail, as I found myself overwhelmed by:

- 1. Extremely bright and colourful light trails and tracers. The visual synergy of pregabalin and LSD is unmistakable and enthralls me in a world of colour - the brilliance of which stands out even for LSD*

2. *An ever-increasing rate of loud, well-articulated, narrative thoughts as well as sensory data from the world around me. Pregabalin enables me to articulate and speak abundantly about whatever it is that is going on in my mind.*

This overwhelming input reached such a point that I ceased to exist/experience/be for a few moments. Black void. When a wakeful state resumed it was hard to remember that anything out of the ordinary had happened for a while. Silently sitting in my room, but as I attempted to move onto a new activity, there was a distinct disconnect between how peaceful I thought my body was, to how peaceful it actually was. This disconnect indicated and reminded me of the powerful event which had just taken place, leaving me in shock for an hour or so.

I called a deeply trusted friend, and spoke with him for a while about the experience I had. It was hard at first to speak, I found it difficult to open up, but describing my feelings and experience was not difficult. In doing so, I discovered depths and psychological roots behind the experience I had. It wasn't just "a weird blip during a trip." It was a sign of which directions to take my life in. How to express myself through my art. Meaningful as opposed to just novel.

As I crossed into the fifth hour of the trip I finally felt grounded again and in control. And it felt as though more of Pregabalin's sedative and pain-reducing effects kicked in. I suspect this is due to a peak in effects 5-6 hours into pregabalin. At this point I enjoyed a few different instances of low dmt doses, and THC, which I feel are not relevant to this report.

Finally, the most remarkable part of this experience. When I dose LSD in the evening, I take it with the understanding I will stay up for 12 hours, and then at this point during the day I begin chasing some manic creative energy, and do not sleep for another 12 hours. I do this

because I simply cannot fall asleep after an LSD trip, and even trying is too uncomfortable. This time I fell into an effortless slumber, at T+10 hours. The heavy sedation from Pregabalin left the tail end of LSD feeling more like the sleepy after effects I get from 2C-B.

Conclusion

The Golden Age

As of writing this guide, we are experiencing what seems like a golden age in the availability of pregabalin. With the drug and its class being relatively new to the pharmaceutical market, prescribing is fairly common and the recreational potential of the drug fairly unknown. I myself was able to secure a prescription in under 5 minutes through a phone call with my family doctor. Depending on your location and well-connectedness, black market reselling of the drug can be fairly prevalent and cheap. Stigma surrounding the drug is relatively little and I find that people who otherwise wouldn't otherwise dare dabble in pharmaceutical pills have open arms to pregabalin. There really couldn't be a better time to be a pregab user than now.

What Does The Future Hold For Pregab?

All this good cannot last however. There is no doubt in my mind that pregabalin will eventually be subject to increased scrutiny. As more and more people start to use and abuse this drug, the more media and government attention it will get. It wouldn't surprise me if the prescribing of pregabalin soon becomes more heavily controlled and the days of quick and easy prescriptions will be behind us (for better or worse). This potentially will lead to more users becoming reliant on a black market drug supply and more crackdowns on prescribing of the medication hurting those who need or benefit from its use. Unless we see the end of the drug war as a whole I cannot see the pregabalin user base ever becoming large and prevalent enough to form a counter offensive as we have seen with cannabis, kratom, and now psychedelics. Not to be all doom and gloom but I think we ought to really appreciate the ease at which we as users

have it today while also being prepared for what could come next, whether that's in 10 days or 10 years from now.

Some Cautionary Advice

Before the end of my guide I would just like to reiterate a few points. I in no way intend for this to be a means of encouraging anyone to start dabbling in recreational pregabalin use. As much as I have personally benefited from trying pregabalin as well as many other substances I do not believe I have any right to tell anyone else what they ought to do with their body. I do not encourage nor discourage anyone from using anything as a general principle. The only person able to make that choice is yourself as a responsible adult. There are risks of using, as well as risks of not using any given chemical, and it is up to you to understand and accept those risks in making these decisions. Hopefully this guide has helped you to better understand pregabalin in a way that facilitates a healthy relationship with it if you so choose to take it at all. Knowledge and education is the best weapon we have in protecting people and in pushing back against the decades of prohibitionary nonsense fueled by the war on drugs and drug users.

Thank You

I want to end this guide on a positive note by thanking you the reader for indulging in my niche harm reduction based side project. I hope this guide is found to be useful by prospective users and those seeking harm reduction based drug information. I also want to thank all the friends I've made through online forums as well as all the non-judgemental people in my life I am fortunate enough to have, who accept me for who I am. I'd also like to thank all the others in the community who are

passionate about harm reduction, and who help to spread information, awareness, and destigmatization. Thank you!

Additional Resources

If you wish to contact me, I can be messaged on reddit at u/cocoleti or emailed at

cocoleti@protonmail.com

Additional Harm Reduction Resources:

<https://www.erowid.org/>

<https://tripsit.me/factsheets>

https://psychonautwiki.org/wiki/Main_Page

<https://search.dedgrl.com>

<https://getyourdrugtested.com/> (Canadian mail-in drug checking service)

<https://protestkit.eu/results/> (Test-kit results)

<https://dedgrl.com/repo/> (An additional large repository of harm reduction services and information sites)

This guide was inspired by books/guides such as:

[3-MeO-2'-oxo-PCE: A Multidisciplinary Analysis of MXE](#), By Vortech

[Opium for the Masses: Harvesting Nature's Best Pain Medication](#), By Jim Hogshire

[The Dextromethorphan FAQ](#), By William E. White

[Heroin Helper](#), By Francis Moraes

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